

**REMARKS/ARGUMENTS**

Applicant submits this amendment in response to the Office Action mailed December 15, 2005.

Claims 5-7 and 19-20 are still pending in this application. Claims 1-4 and 8-18 have now been cancelled without prejudice. Claims 5-7 were indicated as being allowable.

Claims 1, 9, 10, 11 and 17 were rejected under 35 U.S.C. §102(b) as being anticipated by Mendelson et al. (U.S. Patent 6,267,602). Claims 2-4, 8, 18 and 19 were rejected under 35 U.S.C. §103(a) as being unpatentable over Mendelson et al. in view of Corona (U.S. Patent 6,379,169). By the present amendment, applicant has cancelled, without prejudice, claims 1-4 and 8-18.

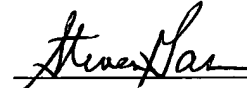
Claim 20 was objected to as being dependent on a rejected base claim, but was indicated as being allowable if rewritten in independent form including all of the limitations of the base claim and any intervening claims. In response, applicant has amended claims 20. This claim has been rewritten in independent form to include all of the limitations of the base claim and any intervening claims. As such, applicant submits that this claim is now allowable.

Claim 19 has been amended to depend from this now allowable claim 20. As such, applicant submits that claim 19 is also now allowable.

Applicant respectfully requests favorable consideration and that this application be passed to allowance.

Respectfully submitted,

Dated: 3/15/06

  
\_\_\_\_\_  
Steven A. Garner, Esq.  
Registration No. 52,475  
Attorney for Applicants  
Conair Corporation  
One Cummings Point Rd  
Stamford, CT 06902  
Tel: (203) 921-2844



Application S.N./Registration No.: 10/686498  
Filing Date: 10/15/03 File/Docket No.: 2017/14

### Receipt of Transmitted Documents

Patent Office Mail Room: Please place the Mail Room Date Stamp on this card to indicate receipt by the U.S. PTO of the paper(s) identified below and return card to sender.

#### Type of Paper:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Amendment     | <input type="checkbox"/> Declaration                                   |
| <input type="checkbox"/> Brief                    | <input type="checkbox"/> Certificate of Corr.                          |
| <input type="checkbox"/> Maintenance Fee          | <input type="checkbox"/> Request for Ext. of Time                      |
| <input type="checkbox"/> Appeal Board's Decision  | <input type="checkbox"/> Petition                                      |
| <input type="checkbox"/> Issue Fee                | <input type="checkbox"/> Missing Parts                                 |
| <input type="checkbox"/> Priority Document        | <input type="checkbox"/> 132 Declaration                               |
| <input type="checkbox"/> Formal Drawings          | <input checked="" type="checkbox"/> Transmittal Letter (in duplicate)  |
| <input type="checkbox"/> Notice of Appeal         | <input type="checkbox"/> Rule 53(d) Continuation (CPA)                 |
| <input type="checkbox"/> Certified Copy           | <input type="checkbox"/> Assignment w/rec. Cover Sheet                 |
| <input type="checkbox"/> Terminal Disclaimer      | <input type="checkbox"/> Other: .....                                  |
| <input type="checkbox"/> Request for Recon.       | .....  |
| <input type="checkbox"/> References (IDS)/PTO1449 | <input type="checkbox"/> Deposit Acct Authorization and Info. Provided |
| <input type="checkbox"/> Preliminary Amend.       |  |

A Check drawn in the amount of \$..... (#.....)

is also attached hereto.

Mailed: ..... ☐ COM ☒ COEM #.....

EV 785285509US



EV 785285509 US

**Mailing Label**  
Label 11-F, April 2004



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$	
Date Accepted Mo. Day Year	Scheduled Date of Delivery Month Day	Return Receipt Fee \$	
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$	Insurance Fee \$
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$	
Int'l Alpha Country Code		Acceptance Emp. Initials	

DELIVERY (POSTAL USE ONLY)			
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.			
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			
			Customer Signature

CUSTOMER USE ONLY  
METHOD OF PAYMENT:  
Express Mail Corporate Acct. No.

Federal Agency Acct. No. or  
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE 203 921 2844

STEVEN GARNER  
LEGAL DEPARTMENT  
CONAIR CORPORATION  
1 CUMMINGS POINT RD STE 1  
STAMFORD CT 06902-7901  
USA

COMMISSIONER FOR PATENTS  
PO BOX 1450  
ALEXANDRIA, VA 22313-1450

2017/14

FOR PICKUP OR TRACKING: Visit [www.usps.com](http://www.usps.com) or Call 1-800-222-1811

59/ 200

F:21 T:

